

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 4

-61-007405

STATE FILE NUMBER

FILED VS FEB 16 1961

## 1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)

Mt. Grove

Length of stay in 1b

Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION504 W. 5th ST.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo

b. COUNTY

Wright

admission)

c. CITY  
OR  
TOWNMt. Grove

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

504 W. 5th

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Morgan Johnson Crewse

4. DATE

OF  
DEATH

Month

Day

Year

Feb2, 1961

## 5. SEX

M

## 6. COLOR OR RACE

W7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/9/1882

## 9. AGE (last birthday)

78 yrs

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer - Stockman & Peace Officer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Wright Co, Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Pugus G. Crewse

## 13b. MOTHER'S MAIDEN NAME

Ellen Gossett

## 14. NAME OF HUSBAND OR WIFE

Lucinda Crewse

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs Lucinda Crewse-Mt. Grove

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Pulmonary Edema  
Cerebral Hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

12 hrs  
3 yrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 7-17-56 to 2-2-61 and last saw him alive on 2-2-61Death occurred at 7:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

W. A. Craig, D.O.

## 22b. ADDRESS

Mountain Grove, Mo

## 22c. DATE SIGNED

2-4-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2/5/1961

## 23c. NAME OF CEMETERY OR CREMATORY

Hill Crest Cemetery Mt. Grove, Mo

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

Barber F. Home - Mt. Grove, Mo

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

2-6-1961

## 26. REGISTRAR'S SIGNATURE

Bernice L. Liberman

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mr. Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.